

Request for Reimbursement Palmetto Painters

Name: _____

If receipts are self explanatory, you may enter total amount only and attach receipts; otherwise, please itemize and attach receipts.

Date	Purchased From	Cost	Purpose of Expenditure	Committee budget to be charged
TOTAL REIMBURSEMENT DUE				

Signature: _____

Date: _____ Check Number Issued: _____ for \$ _____

Treasurer: _____